

HOLLEY, KATHRYN

04/11/2019

Page 1

1 IN THE UNITED STATES DISTRICT COURT

2 FOR THE NORTHERN DISTRICT OF OHIO

3 EASTERN DIVISION

4

5 DEBORAH MOSS, )

6 )

7 Plaintiff, )

8 VS ) NO. 1:18-CV-02257

9 )

10 UNIVERSITY HOSPITALS AT PARMA )

11 MEDICAL CENTER, )

12 )

13 Defendants. )

14 )

15

16

17 DEPOSITION OF KATHRYN HOLLEY

18 APRIL, 11, 2019

19 10:03 A.M.

20

21 1300 EAST 9th STREET

22 CLEVELAND, OHIO

23

24 REPORTED BY:

25 Debra Lynn Ketring, CSR

## REPORTER'S CERTIFICATE

THE STATE OF OHIO, ) SS:  
COUNTY OF CUYAHOGA. )

I, Debra Lynn Ketring, state that KATHRYN HOLLEY, was first duly sworn by me, Notary Public within and for the State of Ohio, to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by her was by me reduced to stenotype in the presence of said witness, afterwards transcribed on a computer, and that the foregoing is a true and correct transcript of the testimony so given by her, as aforesaid.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified. I do further certify that I am not a relative, counsel or attorney of either party, or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 22nd day of April, 2019

*Debra Ketring/jw*  
Debra Lynn Ketring, CSR, Notary Public  
within and for the State of Ohio  
My Commission Expires February 18, 2024

HOLLEY, KATHRYN

04/11/2019

Page 9

1 supervisory role below you?

2 A I had an assistant nurse manager.

3 Q You were in that position for 13 months?

4 A Yes.

5 Q Was that long enough to learn the ropes?

6 A Yes.

7 Q At the Cleveland Clinic how many folks did  
8 you supervise?

9 A As a director, six.

10 Q I'm not going to ask for any individual  
11 details, but I am going to ask have you ever  
12 supervised individual employees with  
13 disabilities apart from Deborah Moss?

14 A No.

15 Q Do you have any experience identifying  
16 reasonable accommodations for employees with  
17 disabilities?

18 A Can you repeat that.

19 Q Sure.

20 Do you have any experience identifying  
21 reasonable accommodations for employees with  
22 disabilities?

23 A So if I saw that someone was in some type of  
24 mobility scooter and needed a ramp, is  
25 that -- I mean, that would be an

HOLLEY, KATHRYN

04/11/2019

Page 10

1 accommodation. I guess it would depend on  
2 the disability.

3 Q Prior to this case, had you had any  
4 experience participating in interactive  
5 process discussion with an employee to  
6 identify reasonable accommodations?

7 A No.

8 Q I want to ask you some general questions now,  
9 we will get into specifics later, I promise,  
10 but general questions about the UH Parma's  
11 Behavioral Health Unit that you were the  
12 manager of. I want to start with the time  
13 period of January 2016, like when you first  
14 started.

15 What does the unit do? How does it  
16 operate?

17 A So we are a geriatric psychiatry unit ages 55  
18 and older. Patients have to have a primary  
19 psychiatric diagnosis to be admitted.

20 Q What kind -- so it's an in-patient facility;  
21 correct?

22 A Correct.

23 Q It's a locked in-patient facility?

24 A Correct.

25 Q How many staff were present in January 2016

HOLLEY, KATHRYN

04/11/2019

Page 14

1 record?

2 A It was there when I got there.

3 Q How about the physicians, what kind of  
4 assessment did they do?

5 A They do a full mental status exam. The  
6 medical consultant then does the medical exam  
7 for the patient.

8 Q What is a medical consultant?

9 A So every patient that's on our unit is seen  
10 not only by a psychiatrist but also by an  
11 internist.

12 Q When is that assessment conducted in the  
13 in-take process?

14 A All of those have to be completed within 24  
15 hours of admission.

16 Q Are those also recorded on the electronic  
17 medical records?

18 A Yes, they are.

19 Q How about the music therapist, what kind of  
20 assessment does the music therapist do?

21 A So our therapists, whether they are  
22 recreation therapist or an expressive  
23 therapist, do their assessments within 24  
24 hours of admission. It includes multiple  
25 different questions about the patient's

HOLLEY, KATHRYN

04/11/2019

Page 32

1                   You said you were concerned that  
2                   Ms. Moss was not -- well, I don't want to put  
3                   words in your mouth.

4                   What were you concerned about Ms. Moss'  
5                   assessments and when?

6     A           Through that first year 2016, it was apparent  
7                   that Debbie had a visual impairment of some  
8                   sort. So when she would assess the patient,  
9                   I was not sure what she was able to fully  
10                  assess.

11    Q           When did you first become aware that Ms. Moss  
12                  had a vision impairment?

13    A           Probably soon after meeting her it was  
14                  physically apparent that there was something,  
15                  and when I would sit in treatment team I  
16                  would see the accommodations that the other  
17                  staff would make for her.

18    Q           What kind of accommodations did you observe  
19                  the treatment team do?

20    A           One of the things as I explained before, the  
21                  state wants to see that we are all in the  
22                  room together discussing the care plan. So  
23                  we would sign, date and time each of us.

24                  So the community liaison who was there  
25                  at the time would take a thick felt black

HOLLEY, KATHRYN

04/11/2019

Page 33

1 marker and underline the spot where Debbie  
2 needed to sign the treatment plan.

3 Q Did you observe this starting in January  
4 2016?

5 A Yes.

6 Q Ms. Moss also had a CCTV; correct?

7 A I don't know what it was called, but she had  
8 some monitor system in her office.

9 Q A large device that you put something written  
10 under it and it projects a magnified copy of  
11 it; correct?

12 A Yes.

13 Q Did you ever -- I'm going to ask you prior to  
14 March 2016 did you ever ask Ms. Moss about  
15 her vision impairment?

16 A I don't believe so.

17 Q Did you ever ask anybody else about her  
18 vision impairment?

19 A Not at that time.

20 Q Did you talk to the head nurse prior about  
21 Ms. Moss' vision impairment?

22 A I don't recall. No, I don't recall talking  
23 that.

24 Q Another question, that time period between  
25 when the former nurse manager left, I believe

HOLLEY, KATHRYN

04/11/2019

Page 34

1           you said it was several months?

2     A       That's my understanding.

3     Q       Who was Ms. Moss' supervisor to your

4           knowledge during that time period?

5     A       That would have been the assistant nurse

6           manager.

7     Q       That's Chrissy Rivera?

8     A       Yes.

9     Q       Was she also in that role when you came on?

10    A       As assistant nurse manager?

11    Q       Yes.

12    A       She was the one that was on maternity leave.

13    Q       When you first came on in January 2016, are

14           you aware who was the longest serving

15           employee on the unit?

16    A       No.

17    Q       Did you review Ms. Moss' prior performance

18           evaluations?

19    A       I believe there was one in the file.

20    Q       When did you look at that?

21    A       I don't know.

22    Q       So I understand that UH in the system, March

23           is performance evaluation time; right?

24    A       March, April.

25    Q       Spring?



HOLLEY, KATHRYN  
04/11/2019

Page 35

1 A Yes.

2 Q Everybody's favorite time of the year.

3 Tell me about what your performance  
4 evaluation process was for your first one in  
5 March 2016.

6 A It was challenging because I didn't have a  
7 lot of information in the files to go from.

8 Q What files did you have? Like what  
9 information did you have?

10 A It varied in every employees file but the  
11 previous year's eval was in all of them, so I  
12 did have that.

13 Q So now we are going to open up this big  
14 binder in front of you.

15 MR. BULEA: It's not that big.

16 MS. WHITE: That's true.

17 Q Let's go to Exhibit 18 and I'm going to ask  
18 you first to take a look at this item and let  
19 me know if you recognize it.

20 A This would have been the one at her  
21 performance appraisal from the year before.

22 MR. BULEA: Her being Debbie?

23 THE WITNESS: Yes. Sorry, Debbie  
24 Moss.

25 ///

HOLLEY, KATHRYN

04/11/2019

Page 40

1 approximately three months on the job; right?

2 A Approximately two to three months.

3 Q Ms. Moss was a part-time employee; right?

4 A Yes.

5 Q How many treatment team meetings would she  
6 participate in in a typical week?

7 A Two. Roughly two.

8 Q So at this point assuming you had two a week  
9 and that you had ten weeks, you might have  
10 observed her in as many as 20 treatment team  
11 meetings at that point; correct?

12 A That sounds correct.

13 Q Did you feel that you had enough -- let me  
14 ask you this. Is there any other part of her  
15 work that you had observed at that point?

16 A I had observed some groups, but at this time  
17 not a lot of them, no.

18 Q Had you gotten feedback from any other member  
19 of the treatment team relaying any concerns  
20 or expressing any opinions about Ms. Moss'  
21 performance or her contributions?

22 A The one thing that I recall from earlier on  
23 in my employment there was that there were  
24 staff members that would tell me they would  
25 not leave Debbie Moss alone in the group room

HOLLEY, KATHRYN

04/11/2019

Page 41

1 with a group.

2 Q Who told you that?

3 A I had PCAs, Patient Care Assistants, were the  
4 primary people. Some of the nurses.

5 Q What is a PCA?

6 A Patient Care Assistant.

7 Q What is their job role? Like what do they  
8 do?

9 A So they are there to help the patients that  
10 are there to perform activities of daily  
11 living with the patients, they are there to  
12 maintain the safety of the unit, they do  
13 environmental rounds, patient rounds.

14 Q So some patients with more significant acuity  
15 might need a PCA and other patients might  
16 not; correct?

17 A No. Every patient has -- they are  
18 responsible for every patient because every  
19 patient is there because of some concern.

20 Q Okay.

21 A So their role is multifaceted.

22 Q How many PCAs are there on the unit?

23 A At any given time, depending on the census  
24 and the acuity, there is one to two.

25 Q During group sessions does every patient

HOLLEY, KATHRYN

04/11/2019

Page 42

1           participate in group all at once or are some  
2           patients not participating in group?

3     A       It can go either way.

4     Q       If a patient is not participating in group  
5           where are they?

6     A       Typically in their room.

7     Q       Who is with the patients when they are in  
8           their room?

9     A       That is the role of all of the staff to keep  
10          an eye on the patients in the rooms.

11    Q       Is there a requirement to have one-to-one  
12          with patients when they are alone in the  
13          room?

14    A       Not one-to-one but we do rounding.

15    Q       So if a patient is in the room and not  
16          participating in the group, there is no  
17          guarantee they are going to have some person  
18          with eyes on them at all times, is there?

19    A       No. If that was the case, if the patient  
20          required that, they would have an assigned  
21          person.

22    Q       Some patients do pose a particular risk, for  
23          instance, of elopement, risk of falls, risk  
24          of self-harm, risk of harm to others;  
25          correct?

HOLLEY, KATHRYN

04/11/2019

Page 43

1 A Yes.

2 Q How is that information recorded? How is  
3 that information conveyed to other staff?

4 A So the information is recorded in the medical  
5 record, the electronic medical record. It is  
6 also discussed in treatment team and in other  
7 hand-off communication between disciplines.

8 Q Have you ever had an instance where a patient  
9 is designated, because of one of those  
10 particular concerns, to have a one-to-one  
11 staffing ratio or to have somebody present  
12 with them at all times?

13 A Yes.

14 Q How often do you have somebody with those  
15 particular needs?

16 A It varies. It's unpredictable. It depends  
17 on the patients.

18 Q So you said that a few PCAs and possibly some  
19 nurses expressed to you that they were  
20 unwilling to leave Ms. Moss alone; is that  
21 correct?

22 A Correct.

23 Q Are you aware if Ms. Moss ever requested to  
24 have those folks present with her?

25 A No, not aware.

HOLLEY, KATHRYN

04/11/2019

Page 44

1 Q Nothing in her file?

2 A No.

3 Q Did you ever speak with Ms. Moss directly  
4 about those concerns the PCAs had raised?

5 A Yes.

6 Q When?

7 A I do not recall exactly the date.

8 Q How did you broach the subject? What did you  
9 say to her?

10 A I don't recall exactly what I said to her,  
11 but it was during one of the conversations  
12 that we had with human resources.

13 Q That was not -- no conversation prior to  
14 September 2016 though?

15 A Prior to when?

16 Q September 2016 with Ms. Moss about these  
17 comments and concerns with PCAs?

18 A No.

19 Q Can you give me a ballpark like when was the  
20 very first instance that you heard that  
21 somebody conveyed they were concerned to  
22 leave Ms. Moss along with patients?

23 A Honestly, it would have been during the first  
24 few months of my employment at Parma.

25 Q Was it before March?

HOLLEY, KATHRYN

04/11/2019

Page 45

1 A Quite honestly, I'm not sure.

2 Q Getting back to this performance evaluation,  
3 Exhibit 19, you had a one-on-one meeting with  
4 Ms. Moss prior to completing the evaluation;  
5 correct?

6 A Yes.

7 Q Did you raise with Ms. Moss any concern that  
8 she -- that the PCAs had raised about being  
9 uncomfortable leaving her alone?

10 MR. BULEA: Objection.

11 You can answer.

12 THE WITNESS: Not that I recall  
13 at that time, no.

14 BY MS. WHITE:

15 Q I'd like to ask you about the manager  
16 comments on this document. The manager  
17 comments are, "Deb is a valued member of the  
18 team and has worked in conjunction with her  
19 programming teammate to enhance the  
20 documentation for their area. She engages  
21 the patients and has worked to develop  
22 different groups for higher functioning  
23 patients." Correct?

24 A Yes.

25 Q Was that your observation at that time?

HOLLEY, KATHRYN

04/11/2019

Page 45

1 A Quite honestly, I'm not sure.

2 Q Getting back to this performance evaluation,  
3 Exhibit 19, you had a one-on-one meeting with  
4 Ms. Moss prior to completing the evaluation;  
5 correct?

6 A Yes.

7 Q Did you raise with Ms. Moss any concern that  
8 she -- that the PCAs had raised about being  
9 uncomfortable leaving her alone?

10 MR. BULEA: Objection.

11 You can answer.

12 THE WITNESS: Not that I recall  
13 at that time, no.

14 BY MS. WHITE:

15 Q I'd like to ask you about the manager  
16 comments on this document. The manager  
17 comments are, "Deb is a valued member of the  
18 team and has worked in conjunction with her  
19 programming teammate to enhance the  
20 documentation for their area. She engages  
21 the patients and has worked to develop  
22 different groups for higher functioning  
23 patients." Correct?

24 A Yes.

25 Q Was that your observation at that time?



HOLLEY, KATHRYN

04/11/2019

Page 46

1 A Yes.

2 Q What was the basis of that observation about  
3 Deb being a valued member of the team?

4 A So providing the programming for the patients  
5 is an integral part of our program.

6 Q You also comment she worked in conjunction  
7 with her programming teammates to enhance the  
8 documentation for the area?

9 A Yes.

10 Q What was that?

11 A So that was bringing the documentation that  
12 was in use for rehab therapy at the other UH  
13 hospitals, psych hospitals into the EMR that  
14 we had and starting that process and working  
15 towards improving it.

16 Q Do you know if that's different than the  
17 documentation process that was referenced in  
18 the 2015 performance evaluation?

19 A It would have been different.

20 Q So there is basically two different sets of  
21 documentation that are referenced there and  
22 Ms. Moss' is contributing to both being  
23 improved; correct?

24 A I can't speak to the one from 2015, I was not  
25 part of that, but this one I can speak to.

HOLLEY, KATHRYN

04/11/2019

Page 47

1 Q You also state Ms. Moss engages the patients?

2 A Yes.

3 Q So can you describe what's the factual basis  
4 for that assessment?

5 A That would have been observation of the  
6 groups that I did see.

7 Q Can you give me an example of what you  
8 observed that resulted in your conclusion  
9 that Ms. Moss engages patients?

10 A So it's again the observation of the group  
11 and how the patients are responding to the  
12 group leader and actively participating or  
13 not participating.

14 Q You concluded that Ms. Moss had the ability  
15 and did engage with patients, they responded  
16 her; correct?

17 A Yes.

18 Q Ms. Moss worked to develop different groups  
19 for higher functioning patients; is that  
20 right?

21 A That was part of what they were working on at  
22 that time, yes.

23 Q This gets back to what you described earlier  
24 where you got patients with all sorts of  
25 different interests, needs, acuity levels and

HOLLEY, KATHRYN

04/11/2019

Page 48

1           it's a challenge to come up with one activity  
2           that can benefit all of the group?

3     A       Yes.

4     Q       You felt this was an area of strength for  
5           Ms. Moss that she was working on that  
6           particular point and doing it well; correct?

7     A       That's not -- what I said was that she worked  
8           to develop different groups for higher  
9           functioning patients. I didn't really  
10          comment on anything specific.

11    Q       That was --

12    A       Just that she was doing that.

13    Q       That was a good thing though?

14    A       I call out when people do different things,  
15          yes.

16    Q       Your ultimate conclusion was that Ms. Moss  
17           was an effective contributor in demonstrating  
18           her knowledge, skills and abilities necessary  
19           to do the job; correct?

20    A       Uh-huh.

21    Q       You also concluded that Ms. Moss performed  
22           according to the established goals,  
23           behaviors, and UH values and she was an  
24           effective communicator; correct?

25                           MR. BULEA:       Effective

HOLLEY, KATHRYN

04/11/2019

Page 49

1 contributor.

2 MS. WHITE: Contributor. Yes.

3 THE WITNESS: Yes.

4 BY MS. WHITE:

5 Q If you had any concerns about Ms. Moss, the  
6 performance evaluation would have been the  
7 place to express them; correct?

8 A So my approach is that things don't belong in  
9 a performance evaluation unless you have  
10 already discussed that with the individual.

11 Q You had a discussion with Ms. Moss prior to  
12 completing this performance evaluation;  
13 correct?

14 A That was part of this. That's the process.

15 Q You had the opportunity during this process  
16 to discuss with Ms. Moss if you had any  
17 concerns about her ability to perform her  
18 job; correct?

19 A I have the ability to have those discussions  
20 at any point with any employee.

21 Q But one of those opportunities was in March  
22 2016 when you were completing her performance  
23 evaluation and having a discussion with her  
24 about her performance; correct?

25 A Yes, but my process is I don't blindside

HOLLEY, KATHRYN

04/11/2019

Page 54

1 A Yeah.

2 Q What was the topic of the conversation?

3 A That I had witnessed her walk into somebody.

4 I wasn't sure. I knew Deb Moss had -- again,

5 she was apparent she a visual impairment of

6 some sort. I just didn't know if anything

7 else had ever been raised about that issue.

8 Q Was this before or after the March 2016

9 performance evaluation?

10 A It probably was similar in time frame, but I

11 can't say for certain before or after.

12 Q How wide is that hallway?

13 A I have no idea. It's large.

14 Q Where was Ms. Moss in relation to the walls

15 of the hallway during the collision?

16 A Again, I'm not positive where they were in

17 that space. They were in the hallway, but

18 that's again that's all I recall is that it

19 was in that main hallway and I remember that

20 piece of it. But the spatial piece, not my

21 forte.

22 Q Prior to that incident, had you ever observed

23 Ms. Moss bump into anybody else?

24 A I had not.

25 Q Had you ever observed anybody else bump into

HOLLEY, KATHRYN

04/11/2019

Page 55

1 each other in the hallway on that unit?

2 A Not like that.

3 Q But you had observed people bumping into --

4 A People do bump into each other when they are  
5 moving equipment, when they are moving  
6 patients.

7 Q Was anybody seriously injured in the  
8 collision?

9 A No.

10 Q The other person, this OT or PT, was that  
11 somebody who regularly worked on the unit?

12 A They take turns working. At that time I  
13 didn't really know the PTs and OTs well so I  
14 couldn't say if she was somebody that was up  
15 there.

16 Q During the March 2016 performance evaluation,  
17 did you ask Ms. Moss about her vision  
18 impairment at all? Did the topic come up?

19 A What did come up was I asked her if she had  
20 any accommodations.

21 Q How did she respond?

22 A She said no she did not.

23 Q Did you ask about the CCTV?

24 A No.

25 Q How did you ask about accommodations? Did

HOLLEY, KATHRYN

04/11/2019

Page 70

1 documentation in the file, did you have  
2 access to Parma's --

3 A No.

4 Q Did you have access to Parma's H.R. files  
5 prior to the UH merger?

6 A I had no access to Parma's H.R. files.

7 Q Did you personally have any reason to think  
8 that Ms. Moss did not, in fact, need a CCTV?

9 A Debbie Moss told me she needed it to see,  
10 that's what she needed to do that part of her  
11 job.

12 Q So she -- to your knowledge she had one, she  
13 was using it. She told you the one she had  
14 wasn't working anymore and she asked for a  
15 new one; correct?

16 A Correct.

17 Q I'd like to turn now to 1546 and 47. We will  
18 start on 1546. Do you recognize this  
19 document?

20 A Yes.

21 Q Is this the document that Kara Ladaika and  
22 Deb Sheldon had referenced in that e-mail  
23 chain they were going to send you a packet of  
24 information to start the ADA process?

25 A Yes.

HOLLEY, KATHRYN

04/11/2019

Page 71

1 Q This is the letter that was drafted for you;  
2 is that right?

3 A Yes.

4 Q There is a couple of lines on here that I  
5 wanted to ask you about. The first line is  
6 "On approximately September 30, 2016, you  
7 informed me that you required accommodations,  
8 due to a medical condition, in order to  
9 perform the essential functions of your  
10 position"; is that right?

11 A That's what it says.

12 Q What essential functions did Ms. Moss inform  
13 you that she needed an accommodation for?

14 A The document 1543 was what I was referring  
15 to.

16 Q 1543, for the record, is she is telling you  
17 she needs accommodations due to her vision  
18 impairment that affects her ability to read  
19 and write; correct?

20 A Correct.

21 Q There is no other essential function of the  
22 job that Ms. Moss raised as a concern or  
23 specifically requested an accommodation at  
24 this point; correct?

25 A Not at this time.



HOLLEY, KATHRYN

04/11/2019

Page 72

1 Q At this point she had been performing her job  
2 for 19 years and didn't have any indication  
3 that is she was unable to perform at that  
4 point; correct? Let me rephrase that.

5 Were you aware at this point of any  
6 determination or written indication in any  
7 performance evaluation that Ms. Moss was not  
8 able to perform the essential functions of  
9 her job?

10 A No.

11 Q Did Ms. Moss get that updated Topaz?

12 A No. The timing of it, no.

13 Q So she didn't get it in October 2016;  
14 correct?

15 A No, she did not get it in October.

16 Q She didn't get it in November 2016; correct?

17 A No.

18 Q December 2016?

19 A No.

20 Q January 2017?

21 A No.

22 Q Did you follow-up with anybody at H.R. on the  
23 status of this accommodations request?

24 A I don't believe I followed up on this  
25 request. There are several steps and so I

HOLLEY, KATHRYN

04/11/2019

Page 74

1 concerned about Debbie's ability to fully  
2 assess and respond and that would have  
3 started in late spring summer of 2016.

4 Q What first made you concerned?

5 A When there were emergencies on the unit,  
6 codes, she would have difficulty assisting  
7 and responding.

8 Q When you say would have, were there actually  
9 instances of codes?

10 A Yes. We would have times when we call for  
11 assistance from security because of patients'  
12 behaviors, medical emergencies.

13 Q So what was your specific concern about  
14 Ms. Moss' response during those incidents?

15 A Her ability to safely navigate the  
16 environment.

17 Q What was the basis? What were your  
18 observations that formed the basis of a  
19 concern? What did you observe?

20 A What I would observe is the staff trying to  
21 lead Debbie out of the way as they were  
22 moving patients, chairs, tables, extra staff  
23 was coming in.

24 Q What do you mean lead her out of the way?

25 A Lead her safely around the equipment and

HOLLEY, KATHRYN

04/11/2019

Page 75

1 chairs and tables and away from the emergent  
2 setting.

3 Q Who were the staff that would do that?

4 A Whoever was in the space at the time. So a  
5 variety of patient care assistants, nurses.

6 Q How many instances did you observe of a  
7 safety incident that you were concerned about  
8 Ms. Moss' response?

9 A Three or four.

10 Q I'd like you to describe each of them.

11 A So there was a Code Blue where a patient  
12 began to choke and went unresponsive. That  
13 was one.

14 Q When was that?

15 A These were all during the spring/summertime  
16 of 2016.

17 Q The Code Blue, the patient choking, was that  
18 before or after March 2016?

19 A After.

20 Q So where did this occur and where was  
21 Ms. Moss?

22 A In the group room.

23 Q What caused the patient to choke?

24 A I am not sure.

25 Q Was it food or was it an item?

HOLLEY, KATHRYN

04/11/2019

Page 76

1 A Off the top of my head, I don't know.

2 Q Were you present in the room?

3 A I was not present at the time. I responded  
4 to the code.

5 Q Who was present?

6 A I can't tell you specific staff's names. I  
7 remember situations, not the specifics.

8 Q Was Ms. Moss supervising these patients at  
9 that time?

10 A It was group, like the end of group time.

11 Q So what exactly did you observe with respect  
12 to Ms. Moss' participation in this event?

13 A So she was not participating in the event.  
14 The staff was making a path for her to get  
15 out of the group room setting.

16 Q When you say making a path, like what did  
17 that --

18 A Moving chairs, moving the code cart so that  
19 she had a clear path and helping her navigate  
20 that.

21 Q When you say helping navigate, was there  
22 touch prompts or verbal?

23 A Verbal.

24 Q These were directed to Ms. Moss?

25 A Yes.

HOLLEY, KATHRYN

04/11/2019

Page 77

1 Q Did Ms. Moss ever ask for those verbal  
2 prompts?

3 A I don't remember if she asked.

4 Q Have you ever participated in a blindness  
5 etiquette training?

6 A I don't know.

7 Q You don't recall?

8 A I have had a lot of training over the years  
9 so I don't know that there has been anything.

10 Q There is nothing in the file for Ms. Moss  
11 where she specifically requested verbal  
12 prompts or assistance navigating to get out  
13 of a room during a Code Blue; right?

14 A No.

15 Q Who were the specific staff members who  
16 provided that assistance? Like what was  
17 their role?

18 A They would have been PCAs and RNs primarily.

19 Q Whenever a code is called, all staff have  
20 some role in responding to the call light;  
21 right?

22 A Uh-huh, yes.

23 Q So some staff are going to be directly taking  
24 the lead in that instance and other staff are  
25 going to be fulfilling other prescribed

HOLLEY, KATHRYN

04/11/2019

Page 78

1 roles; is that right?

2 A Yes.

3 Q What is the protocol? Is there a written  
4 protocol or is it ad hoc? Who makes those  
5 decisions? Who leads the charge when the  
6 code is called?

7 A The priority nurse leads the code.

8 Q What is the obligation of a recreational  
9 therapist whenever a code is called?

10 A The primary response for the recreation  
11 therapist rehab therapist is to ensure the  
12 safety of the other patients.

13 Q How was that done? Depends on the situation;  
14 right?

15 A It does. What I've typically seen is that  
16 the rehab therapist will assist with getting  
17 those patients out of the space.

18 Q Now this is a geriatric facility where  
19 patients have a risk of fall; correct?

20 A Correct.

21 Q So in addition to Ms. Moss, patients  
22 themselves might have mobility impairments  
23 that affect their ability to safely navigate  
24 a space; correct?

25 A Correct.

HOLLEY, KATHRYN

04/11/2019

Page 79

1 Q So if other patients are in a room, they  
2 might need to leave the room during the  
3 incident; correct?

4 A Correct.

5 Q So somebody is going to have to make sure for  
6 the geriatric psych patients who are not part  
7 of that incident that there's a safe and  
8 clear path out of the room; correct?

9 A Correct.

10 Q Many of the patients might have specifically  
11 a risk of fall. That's a big concern among  
12 elderly patients generally; correct?

13 A We have a mix of patients with different fall  
14 level risk. Some are in chairs that can be  
15 just pulled out of the way as well.

16 Q So this Code Blue incident, you arrive on the  
17 scene and you observe PCAs moving chairs and  
18 equipment out of the way towards the exit; is  
19 that correct?

20 A Yes.

21 Q What did you observe specifically about  
22 Ms. Moss during that incident?

23 A The staff working to get her out of the  
24 middle of the chaos.

25 Q What was she doing though, not other staff,

HOLLEY, KATHRYN

04/11/2019

Page 80

1           what was Ms. Moss doing?

2     A       Trying to exit the room.

3     Q       Did she have patients with her at that point?

4     A       No.

5     Q       You said that was the end of group time so

6           she was actually not participating in the

7           group; correct?

8     A       The group had stopped.

9     Q       How many people responded to that call light?

10    A       I honestly cannot say. When a Code Blue is  
11           called, staff from across the hospital come.

12    Q       How many people were in the room total  
13           though? How many patients were in the room?

14    A       I can't tell you that.

15    Q       That was one incident. What was the next  
16           incident that you observed?

17    A       So one of the other incidents was related to  
18           an out of control patient, agitated patient.

19    Q       I'm sorry, before I jump into the agitated  
20           patient, did you have any discussions with  
21           Ms. Moss about your observations or any  
22           concerns you had following that Code Blue  
23           incident?

24    A       I do not believe I did.

25    Q       You didn't initiate one of those sessions to



HOLLEY, KATHRYN

04/11/2019

Page 81

1           communicate with the employee that you  
2           described?

3     A       No.

4     Q       You didn't write it up?

5     A       No.

6     Q       You didn't talk to Deb Sheldon?

7     A       No.

8     Q       Let's talk about this agitated patient  
9           incident. When was this incident?

10    A       Again during that timeframe over the late  
11           spring/summer timeframe.

12    Q       Where did this incident occur?

13    A       Again, in the group room setting.

14    Q       How many patients were present?

15    A       Again, I cannot tell you specifics about  
16           that. I remember situational, but I don't  
17           recall the specifics.

18    Q       Ms. Moss was leading a group at that point?

19    A       Yes.

20    Q       So what happened?

21    A       So the patient was agitated. We have a  
22           number of agitated patients at any given  
23           time. He was seated towards the back of the  
24           group room and just began to become even more  
25           agitated and upset and pushing on tables and

HOLLEY, KATHRYN

04/11/2019

Page 75

1 chairs and tables and away from the emergent  
2 setting.

3 Q Who were the staff that would do that?

4 A Whoever was in the space at the time. So a  
5 variety of patient care assistants, nurses.

6 Q How many instances did you observe of a  
7 safety incident that you were concerned about  
8 Ms. Moss' response?

9 A Three or four.

10 Q I'd like you to describe each of them.

11 A So there was a Code Blue where a patient  
12 began to choke and went unresponsive. That  
13 was one.

14 Q When was that?

15 A These were all during the spring/summertime  
16 of 2016.

17 Q The Code Blue, the patient choking, was that  
18 before or after March 2016?

19 A After.

20 Q So where did this occur and where was  
21 Ms. Moss?

22 A In the group room.

23 Q What caused the patient to choke?

24 A I am not sure.

25 Q Was it food or was it an item?

HOLLEY, KATHRYN

04/11/2019

Page 155

1 the concerns that you addressed in the bullet  
2 point?

3 A No.

4 Q With respect to the second bullet point,  
5 "Unable to complete documentation unless in  
6 your office. "Would that -- you said that  
7 that was originally discussed in a meeting  
8 with Ms. Moss and Joy the music therapist.

9 Did you raise that concern again prior  
10 to the Fitness for Duty Exam? Had the  
11 documentation process advanced to a point  
12 where that decision made sense to discuss?

13 A It had not.

14 Q So why include that in this bullet point list  
15 at this point?

16 A It was part of the concern. If the system  
17 was going to push for bedside documentation,  
18 it was part of the concern that I had to  
19 address.

20 Q Concern that you were not able to assess the  
21 attention level of patients in group through  
22 visualization, facial expressions, et cetera;  
23 is that right?

24 A Yes.

25 Q Did Ms. Moss' job description specifically

HOLLEY, KATHRYN

04/11/2019

Page 156

1           require a certain level of visual acuity?

2     A       I don't recall if the job description did  
3           have that in it. It's part of a process for  
4           assessing a psychiatric patient.

5     Q       You testified earlier that Ms. Moss in the  
6           group functions that you observed was very,  
7           very engaged with patients; correct?

8     A       Yes.

9     Q       She was verbally engaged with patients?

10    A       Yes.

11    Q       Did she move around the room and interact  
12           with patients one-on-one and as a group?

13    A       There were times when I would see her move  
14           around the room.

15    Q       So what was your concern that Ms. Moss was  
16           not able to assess the attention level of  
17           patients?

18    A       So again not knowing what her full visual  
19           abilities were, I was not -- that's my  
20           concern -- I was not sure that she could see  
21           the patient's full affect and full response  
22           when it wasn't a verbal response.

23    Q       Was there any instance apart from the  
24           instance that you described with the  
25           gentleman gesturing for her attention that

HOLLEY, KATHRYN

04/11/2019

Page 157

1           you believe Ms. Moss was unable to assess the  
2           attention or engagement of a patient? Can  
3           you think of a specific instance?

4     A       So I wasn't in there all the time so it's  
5           hard for me to give you specific instances.  
6           What I know is my patient population.

7     Q       "Witnessed the other day that you were unable  
8           to respond to a patient's need in group.  
9           Patient with limited verbal skills who needed  
10          assistance"; is that right?

11    A       Yes.

12    Q       When you were describing that incident a  
13          little while ago, you didn't mention limited  
14          verbal skills. Can you explain what you mean  
15          by limited verbal skills?

16                           MR. BULEA:       Objection.

17                           You can answer.

18                           THE WITNESS:    So he was  
19          internally stimulated and not speaking.

20    BY MS. WHITE:

21    Q       But I believe you testified that after the  
22          other patient spoke with Ms. Moss and said,  
23          "He needs help," that she did address him  
24          verbally; correct?

25                           MR. BULEA:       Objection.

HOLLEY, KATHRYN

04/11/2019

Page 160

1 A So again, it was a concern because I know my  
2 patient population and what can occur.

3 Q But that was not one that -- there is not a  
4 specific incident that you thought Deb Moss  
5 has failed to identify a patient in distress?

6 A I can't give you a specific incident.

7 Q "Concern that you were unable to see when  
8 patient could be causing harm to self or  
9 others."

10 That was a concern as well?

11 A Uh-huh. Yes, it was.

12 Q Was there any instance that you are aware of,  
13 during the 13 months that you were Ms. Moss'  
14 supervisor, where Ms. Moss failed to identify  
15 a patient who was causing harm to self or  
16 others?

17 A So again, I don't have a specific instance.  
18 Knowing my patient population and the risks,  
19 I needed the Fitness for Duty to understand  
20 what was happening and what we needed to do.

21 Q Was there any instance that other staff  
22 members had brought to your attention  
23 involving Ms. Moss' failure to identify a  
24 patient causing harm to self or others?

25 A No.

HOLLEY, KATHRYN

04/11/2019

Page 165

1 A She would sometimes speak up.

2 Q What kinds of things did she speak up about?

3 A She would speak up in terms of if a patient  
4 had been in group and if they had engaged in  
5 some way that she felt was important  
6 information for the team.

7 Q Did the team value those contributions that  
8 she provided?

9 A We value everybody's contribution in  
10 treatment team. That's what it's for.

11 Q So circling back to the second to the last  
12 bullet point, "Concern about the overall loss  
13 of visual cues in all interactions with  
14 patients and staff; i.e., demonstrating  
15 distraction, hallucinations and how that  
16 impacts your ability to do a thorough  
17 assessment.

18 "Were there any instances where Ms. Moss  
19 failed to recognize or properly assess  
20 distractions or hallucinations that you are  
21 aware of?

22 A So again, I can't speak specifically to that  
23 because I did not see her do all of her  
24 assessments. But again the concern knowing  
25 the patient population is there.

HOLLEY, KATHRYN

04/11/2019

Page 166

1 Q Did anybody else specifically raise that  
2 concern to you that you know anybody, other  
3 members of the treatment team, to say Hey,  
4 Deb Moss missed this?

5 A No.

6 Q Final bullet point, "Concerns about changes  
7 rehab therapy groups and process; i.e., use  
8 of white boards for daily schedule."

9 What was that concern?

10 A So we were going to start to post the daily  
11 schedule for the patient and families to know  
12 what was happening that day, and it would be  
13 the role of the rec therapist to do that.

14 Q Did you have any discussions with Ms. Moss  
15 about that new expectation?

16 A We had talked about it in a meeting at some  
17 point the three of us: Joy and Deb Moss and  
18 myself.

19 Q Ms. Moss mentioned she needed high contrast  
20 tape on the white board, didn't she?

21 A Not at that point.

22 Q What did Ms. Moss say?

23 A Okay. You know, I don't remember it being an  
24 issue, it was just a subject of discussion.

25 Q If it wasn't an issue, why was it on this



HOLLEY, KATHRYN

04/11/2019

Page 134

1 to the larger print?

2 A No.

3 Q Did you ever propose any solution to that  
4 particular problem in your discussion with  
5 Ms. Moss?

6 A Not at that time.

7 Q Did you ever discuss a concern about reading  
8 the I.D. band with Deb Sheldon?

9 A Yes, I did.

10 Q When did you discuss that?

11 A Probably in January.

12 Q When in January did you -- when did you start  
13 to sort of get serious about your concerns  
14 with Ms. Moss with H.R., like when did you  
15 bring H.R. into the process and what did you  
16 do?

17 MR. BULEA: Objection to the  
18 form.

19 You can answer.

20 THE WITNESS: It probably was the  
21 beginning of 2017.

22 BY MS. WHITE:

23 Q Was there an incident that precipitated that  
24 meeting or that communication process?

25 A So there had been a couple of things as we

HOLLEY, KATHRYN

04/11/2019

Page 135

1 have talked through already, and then all of  
2 the staff had crisis intervention training.

3 Chrissy had come back from her training  
4 with the physical because it was split into  
5 two sessions, and the physical hands-on, and  
6 she was concerned about Deb Moss' ability to  
7 perform on the unit if she was in that  
8 position.

9 Q When did Chrissy first raise a concern with  
10 you about Ms. Moss' ability to perform on the  
11 unit and how?

12 A So I recall that we had talked through some  
13 of the visual concerns because, again, she  
14 was my Assistant Nurse Manager. So we had  
15 talked through some of the situations that we  
16 had discussed. And then when she came back  
17 from the training, I remember she raised the  
18 concern.

19 Q Did you have any discussions with H.R. prior  
20 to the training, the crisis intervention  
21 training?

22 A I honestly don't remember the time line.

23 Q Let's see if we can refresh your  
24 recollection. Let's look at what's been  
25 marked as Plaintiff's Exhibit 2, and I would

HOLLEY, KATHRYN

04/11/2019

Page 136

1           like to direct your attention to page 1374.  
2           I'm going to be up front and say I'm not sure  
3           exactly what document this is, but I will  
4           represent to you that there is a conference  
5           call documented on February 1, 2017, and Deb  
6           Sheldon has testified that you were a  
7           participant in this phone call.

8                     I don't believe this is Deb Sheldon's  
9           notes or your notes, but do you recognize  
10          this note, this document at all? I will ask  
11          you that.

12    A       No, I do not.

13    Q       I'm going to read what this note says and I'm  
14          going to ask you if you remember any part of  
15          this or whether this refreshes your  
16          recollection about crisis intervention  
17          training.

18                    It says, "H.R. Manager Jane Reese and  
19          Kara Ladaika, Claim conference call, February  
20          1, 2017."

21                    Does that ring a bell? Did you have a  
22          phone call with Deb Sheldon, Jane Reese and  
23          Kara Ladaika around February 1, 2017?

24    A       I must have. If it's on here, I must have.  
25          There were phone calls so.

HOLLEY, KATHRYN

04/11/2019

Page 137

1 Q Was this the first phone call that you had  
2 with the higher-ups in Disability Management  
3 and H.R. about your concerns?

4 A I would say so. It's probably the time  
5 frame.

6 Q So another item in this says, "Concerns  
7 reviewed. Manager to have sit down with  
8 employee regarding employee completing ADAA  
9 employee portion."

10 Does that ring a bell?

11 A No. It doesn't ring a bell.

12 Q There is another item that says, "Per manager  
13 has had closed C. TV since 2013. Has someone  
14 from nursing office read LMS and e-mails."

15 Do you remember that?

16 A I do remember that.

17 Q Does the 2013 sound correct for the CCTV?

18 A So I don't know for certain what date she got  
19 that. I must have had a note somewhere that  
20 referenced 2013 at the time so I don't recall  
21 that specifically but I had it in here  
22 obviously.

23 Q Around this time, the time you were having  
24 this discussion, you were aware that Ms. Moss  
25 used a closed circuit TV for reading and

HOLLEY, KATHRYN

04/11/2019

Page 138

1 writing; correct?

2 A Yes.

3 Q In fact, she had shared that with you in  
4 October of 2016 as well when she made her  
5 accommodations request through you; correct?

6 A Yes.

7 Q At this point you are also aware that she had  
8 somebody from the nursing office read LMS and  
9 e-mails; correct?

10 A Yes.

11 Q Now it says, "Concerned unable to see visual  
12 cues from patients in group therapy. Unable  
13 to see patients clearly, safety as she is in  
14 psych ward"; is that right?

15 A Yes.

16 Q You shared a number of items that you said  
17 you were concerned about. Is there anything  
18 else you would like to add to that list that  
19 you were concerned about at the time of this  
20 conference call in February 1, 2017?

21 A It was her overall safety on the unit, the  
22 safety of the patients that she was with, her  
23 ability to fully assess the patients. Those  
24 were really the highlights.

25 Q At that point, though, you had not discussed

HOLLEY, KATHRYN

04/11/2019

Page 139

1 any of those concerns directly with Ms. Moss,  
2 had you?

3 A I had had conversations with Deb about the  
4 patients. Like I said, the wrist band issue,  
5 the identification issue. They were simple  
6 conversations.

7 Q Do you think that Ms. Moss realized at that  
8 point that you had concerns about patient  
9 safety due to her vision impairment?

10 A I don't know.

11 Q When you said "Unable to see patients clearly  
12 and unable to see visual cues," your basis  
13 for that information was your perception  
14 based on your observation of that session  
15 with the game, you believed Ms. Moss failed  
16 to recognize a patient gesturing with his  
17 hand as she sat at the table with him;  
18 correct?

19 A Yes.

20 Q Was there any other incident at all where  
21 Ms. Moss failed to see a patient clearly that  
22 you observed?

23 A I can't tell you specifics.

24 Q So I would like to continue to review what  
25 you discussed in this meeting and see if it

HOLLEY, KATHRYN

04/11/2019

Page 140

1 refreshes your recollection.

2 It says, "De-escalation class on 2-9-17;  
3 AHN to be in class as well."

4 Does that ring a bell?

5 A Obviously that was the date the class was  
6 scheduled and Chrissy was scheduled to be in  
7 that class also.

8 Q So Chrissy is AHN?

9 A Assistant Nurse Manager.

10 Q So this call looks like per the notes  
11 occurred a little over a week before the  
12 de-escalation class occurred?

13 A Yes.

14 Q Did anybody in that group -- you, Deb  
15 Sheldon, Jane Reese, Carol Ladaika or Chrissy  
16 Rivera -- did any of those individuals or you  
17 reach out to Ms. Moss prior to the crisis  
18 intervention class to ask if any  
19 accommodations were needed for her to  
20 participate in the class?

21 A No. It was a physical intervention class and  
22 the classes were by verbal instruction and  
23 then practice.

24 Q So did you have concerns on February 1, 2017,  
25 that Ms. Moss would be unable to successfully

HOLLEY, KATHRYN

04/11/2019

Page 141

1 and safely complete the class?

2 A I don't know that I had concerns. I think we  
3 were going to see -- you know, she was going  
4 to class. That's all I could say. She was  
5 going to class. Chrissy happened to be  
6 assigned to that class. We would split. I  
7 would go to one she would go to the other.

8 Q The rest of it says, "Monitor assessments  
9 more closely, even to re-assess to check on  
10 her ability to perform essential functions.  
11 Ask AHN to weigh in on employee's ability to  
12 participate in class."

13 Do you recall that?

14 A Yes, now I do.

15 Q Did you have concerns that Ms. Moss would be  
16 unable to participate in the class?

17 A I didn't know what she was going to be able  
18 to do or not do.

19 Q Why bring it up in this meeting?

20 A So I think it came up as a discussion point.  
21 We had talked through probably the other  
22 issues that I had concerns about that we  
23 discussed that was coming up. It was just  
24 another safety piece.

25 Q So how did you ask or expect Chrissy Rivera



HOLLEY, KATHRYN

04/11/2019

Page 142

1 to observe or monitor or assess Ms. Moss'  
2 ability to participate in the de-escalation  
3 class?

4 A The role of the Assistant Nurse Manager and  
5 the Nurse Manager is to really assess all of  
6 our employees when we are in class with them.  
7 How are they able to perform these  
8 interventions during class and are they  
9 really able to integrate the information.  
10 Because the reason for the class is to keep  
11 them safe and keep the patients safe on the  
12 unit when they return. It's not the class,  
13 it's what they can do with it and what they  
14 can do with it after.

15 Q This class is required of all the employees  
16 on this unit; correct?

17 A Yes.

18 Q In fact, everybody in this role -- everybody  
19 in Ms. Moss' role has to successfully  
20 complete this class every two years; correct?

21 A When I got to Parma, I don't know what they  
22 were doing prior to that, there was no class  
23 even scheduled in 2016 and we got classes  
24 pulled together in late 2016 and '17. All  
25 staff go through de-escalation training every

HOLLEY, KATHRYN

04/11/2019

Page 143

1 year.

2 Q Were you aware that Ms. Moss had completed  
3 this de-escalation training more than a dozen  
4 times?

5 A She completed some form of training in the  
6 past. I did know that from what she had told  
7 me.

8 Q But at a meeting with H.R. and Disability  
9 Management Services where there is a  
10 discussion of Ms. Moss' ability to perform  
11 the essential functions of her job, what was  
12 it about the de-escalation class that you  
13 wanted Chrissy Rivera to observe?

14 MR. BULEA: Objection. Asked  
15 and answered.

16 You can answer.

17 THE WITNESS: So it really was  
18 all staff. So it was all staff. That's the  
19 role of the assistant nurse manager when they  
20 are in classes. That's the role of the nurse  
21 manager when they are in classes. We need to  
22 see how they perform during the class and  
23 then how well they are able to integrate it.

24 BY MS. WHITE:

25 Q Was Chrissy Rivera sent to observe any other

HOLLEY, KATHRYN

04/11/2019

Page 144

1 member of the geriatric psych ward at UH

2 other than Ms. Moss?

3 A Every staff member that was in the class with  
4 her.

5 Q How many staff members were in the class with  
6 her?

7 A Typically there were five or six.

8 Q What were the evaluative criteria that  
9 Ms. Rivera was going to apply?

10 A I don't know that.

11 Q Just she knows if she sees that the  
12 performance is inadequate, would that be it?

13 A Again, you know, I don't know exactly what --  
14 we weren't looking for anything specific. It  
15 was a de-escalation class for all of the  
16 staff so everyone could participate fully and  
17 understand what was happening in the class.

18 Q Was there any part that you thought Ms. Moss  
19 would not be able to participate?

20 A I didn't know.

21 Q Was there any part that you had particular  
22 concern about that you wanted Ms. Rivera to  
23 weigh in on?

24 A No. The whole emphasis is on staying safe.

25 Q It's a class on how to stay safe. And as you

HOLLEY, KATHRYN

04/11/2019

Page 145

1           said, it's verbal instruction partnered with  
2           another employee and you go through the  
3           physical de-escalation techniques; is that  
4           correct?

5       A       Correct.

6       Q       Which part of that did you think would pose a  
7           concern for Ms. Moss?

8                       MR. BULEA:       Objection.   Asked  
9           and answered.

10                    You can answer again.

11                    THE WITNESS:   I didn't know if  
12           any of it would.

13       BY MS. WHITE:

14       Q       So what did Chrissy Rivera report back to  
15           you?

16       A       What she came back and said was that she was  
17           concerned about Deb's ability to say safe on  
18           the unit.

19       Q       Why?

20       A       If a patient did come at her, she wasn't sure  
21           she would see it fully and be able to respond  
22           in kind.

23       Q       What was the basis -- what did Chrissy Rivera  
24           observe that caused her to reach that  
25           conclusion?

HOLLEY, KATHRYN

04/11/2019

Page 146

1 A My recall was that her concern came from  
2 witnessing the practice sessions.

3 Q What did she relay to you that was of concern  
4 in the practice sessions as far as Ms. Moss'  
5 performance?

6 A So it was a conversation that was fairly --  
7 it was simple. She simply said to me, "I  
8 don't know that Deb can respond adequately or  
9 quick enough if she is in an unsafe  
10 situation."

11 Q So she didn't -- she expressed it just that  
12 way? I don't know if she can respond?

13 A That's my interpretation of what she said. I  
14 don't remember the exact words.

15 Q She didn't say affirmatively "I know she  
16 can't respond after I've observed her in this  
17 training"; is that right?

18 A She had concerns.

19 Q What else were her concerns?

20 A That was basically the conversation.

21 Q Had Chrissy Rivera ever -- had she shared --  
22 had she had concerns apart from the crisis  
23 intervention training before about Ms. Moss  
24 and her vision impairment?

25 A So because she was my Assistant Nurse Manager

HOLLEY, KATHRYN

04/11/2019

Page 147

1 she was privy to that information. We had  
2 discussed what I was concerned about so she  
3 knew that. She had expressed concerns, I  
4 don't remember specifics about them.

5 Q Had you relayed this game incident to her  
6 before the crisis intervention training?

7 A I don't know if I did.

8 Q How did you express your concerns to Chrissy  
9 Rivera before you charged her with observing  
10 Ms. Moss at the crisis intervention training?

11 MR. BULEA: Objection

12 mischaracterizes the testimony.

13 You can answer.

14 THE WITNESS: So again she was  
15 there to see all of the staff, not just one  
16 individual. But we had discussions around  
17 employees. That was part of our job was to  
18 manage the unit safety, and manage employees  
19 and so those conversation just happened.

20 BY MS. WHITE:

21 Q I want to know whether these are conclusions  
22 that Chrissy Rivera independently drew or  
23 whether there was specific information you  
24 had supplied to her about your observations  
25 or concerns about Ms. Moss?

HOLLEY, KATHRYN

04/11/2019

Page 148

1 A I'm not sure I understand the first part of  
2 the question.

3 Q Did Chrissy Rivera go to you at any point to  
4 say "These are my concerns about Ms. Moss"?

5 A She would relay concerns to me.

6 Q When did she relay a concern?

7 A I cannot give you specific dates. This was  
8 again, you know, ongoing discussions between  
9 a manager and an assistant manager trying to  
10 maintain a level of safety on a unit.

11 Q Did you share with Ms. Rivera that Debbie  
12 Moss had requested an updated CCTV in October  
13 of 2016?

14 A I don't know that I discussed that with her.

15 Q I can't tell from the notes of this phone  
16 call whether Chrissy Rivera was party to that  
17 phone call. Do you recall if she was?

18 A I don't believe she was.

19 Q So how did it come to pass that Chrissy  
20 Rivera -- it specifically discussed in this  
21 phone call she is going to do an observation  
22 of Ms. Moss's performance at the crisis  
23 intervention training; correct?

24 MR. BULEA: Objection.

25 You can answer.

HOLLEY, KATHRYN

04/11/2019

Page 149

1 THE WITNESS: So it says,  
2 "De-escalation class AHN to be in class as  
3 well."

4 BY MS. WHITE:

5 Q What does the last line say?

6 A "Ask AHN to weigh in on employee's ability to  
7 participate in class."

8 I asked her afterwards. I don't know  
9 that I said anything to her before.

10 Q Do you know if she knew that that  
11 conversation was going to happen afterwards  
12 about Ms. Moss' performance?

13 A I honestly don't know. I honestly don't  
14 remember.

15 Q I'd like to go back to Exhibit 26 and I'd  
16 like to go specifically to 1548.

17 On Valentine's Day in 2017, Ms. Moss was  
18 placed on a Tier 1 mandatory EAP referral,  
19 Fitness for Duty referral?

20 A Yes.

21 Q What was your role in that process?

22 A So Deb Sheldon and I met with Debbie Moss.

23 Q Was that at the end of the day or the  
24 beginning of the day?

25 A I believe it was in the afternoon. Either



HOLLEY, KATHRYN

04/11/2019

Page 154

1           that would impact on her work and her ability  
2           to be on the unit, to be safe on the unit.

3     Q       But that process wasn't started while she  
4           continued to work in the workplace that she  
5           had been for 20 years at that point; correct?

6     A       I can't speak to that. I came in and this  
7           was my experience.

8     Q       Did you have any reason to think that  
9           Ms. Moss was under the influence of drugs or  
10          alcohol during that meeting?

11    A       No.

12    Q       Did you have any reason to think that  
13          Ms. Moss had any psychiatric or social  
14          impairment or things going on in her life  
15          that were impacting her ability to do her  
16          job?

17    A       No.

18    Q       Would knowing Ms. Moss' sexual history assist  
19          you in the process of determining whether  
20          your concerns were addressed?

21    A       No.

22    Q       Was Ms. Moss homicidal?

23    A       Not that I was aware of.

24    Q       That's good. All right.

25            Would knowing that be related to any of